PTO/SB/06 (08-00)
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U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD OTHER THAN CLAIMS AS FILED - PART I SMALL ENTITY OR SMALL ENTITY (Column 1) (Column 2) FOR NUMBER FILED NUMBER EXTRA FEE RATE RATE FEE BASIC FEE OR (37 CFR 1.16(a)) TOTAL CLAIMS minus 20 = OR (37 CFR 1.16(c)) INDEPENDENT CLAIMS minus 3 = OR (37 CFR 1.16(b)) (37 CFR 1.16(d)) MULTIPLE DEPENDENT CLAIM PRESENT OR TOTAL OR TOTAL * If the difference in column 1 is less then zero, enter "0" in column 2 OTHER THAN CLAIMS AS AMENDED - PART II SMALL ENTITY OR **SMALL ENTITY** (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL RATE TIONAL AMENDMENT **AFTER** PREVIOUSLY **EXTRA** FEE FEE MENDMENT PAID FOR OR Total Minus (37 CFR 1.16(c)) OR Independent Minus (37 CFR 1.16(b)) OR (37 CFR 1.1o(d)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM BULLIEFE C. ÓR TOTAL TOTAL OR^{l} ADDIT, FEE ADDIT, FEE (Column 1) (Column 2) (Column 3) **CLAIMS** ADDÎ-HIGHEST ADDUM REMAINING PRESENT NUMBER RATE TIONAL RATE TIONAL **AMENDMENT** AFTER **PREVIOUSLY EXTRA** FEE FREITER AMENDMENT PAID FOR OR Total = x-Sal Minus (37 CFR 1.16(c)) OR Independent Minus OR (37 CFR 1.16(b)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI: REMAINING NUMBER PRESENT RATE TIONAL TIONAL RATE **AMENDMENT** AFTER PREVIOUSLY **EXTRA** FEE FEE :-AMENDMENT PAID FOR

Minus

Silmon.

OR.

OR

OR

OR

OR

TOTAL

ADDIT. FEE

x \$

TOTAL

ADDIT. FEE

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

Total (37 CFR 1.16(c))

Independent

(37 CFR 1.16(b))

Minus

Minus

=

(37 CFR 1.16(d))

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

^{••} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"

^{***} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1 Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.